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Office of Initial Patent Examination

Telephone Interview Summary

Original Application Number:

10/764644

Name of Contact:

Li Wen Chen

Phone Number:

408-988-1898x101

Per telephone conversation with the applicant on 3/18/04/27, the following instructions have been given:

Credit Card Reduced. No response back from Customer by phone or fax.
Send out ND-Fee.

Alysethi Steele
(Please print name)

OIPE Customer Service



ZFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application

Inventor(s): Li-Wen Chen

Appl. No.: 10/764,644

Confirm. No.: 9092

Filed: January 26, 2004

Title: METHOD FOR DYNAMIC PROFILING

PATENT APPLICATION

Art Unit: 2175

Examiner: PARDO, Thuy N

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being deposited in the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313, on February 28, 2005.

(Attorney Signature)

Paul A. Durdik, Reg. No. 37819

Signature Date: February 28, 2005.

TERMINAL DISCLAIMER TRANSMITTAL LETTER

Commissioner for Patents
Alexandria, VA 22313

Sir:

Transmitted with this communication in connection with the above-identified application are the following:

- ✓ TERMINAL DISCLAIMER TO OBVIATE A DOUBLE PATENTING REJECTION OVER A PRIOR PATENT
- TERMINAL DISCLAIMER TO OBVIATE A PROVISIONAL DOUBLE PATENTING REJECTION OVER A PENDING SECOND APPLICATION
- CERTIFICATE OF OWNERSHIP UNDER 37 C.F.R. §3.73(b)
- ✓ A PETITION FOR AN EXTENSION OF TIME UNDER 37 C.F.R. §1.136.

The fee associated with this communication pursuant to 37 C.F.R. §1.20(d) has been calculated as shown below:

- ✓ A fee of \$130.00 (large entity) ✓ \$65.00 (small entity) is due.
- ✓ A fee for extension of time for response under 37 C.F.R. §1.136 filed within 2 month(s) after the original time for response of \$ 225 is due.

Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established.

The total fee required with this communication is \$290 and is to be paid as follows:

Please charge Deposit Account No. in the amount of \$_____. A duplicate copy of this authorization is enclosed.

A PTO Form 2038 is enclosed.

The Commissioner is hereby authorized to charge any deficiencies or credit overpayment to Deposit Account No.. A duplicate copy of this authorization is enclosed.

Respectfully submitted,
METAEDGE CORPORATION

Date: FEBRUARY 28, 2005

By: 

Paul A. Durdik
Reg. No. 37,819

METAEDGE CORPORATION
5201 Great America Parkway, Suite 238
Santa Clara, CA 95054
Telephone: (408) 988-1898
Mobile: (650) 722-1737